L14000182943

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	istration Seision of Cor			
SUBJECT:	Rose Legag	neur Media LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Rose Legagneur		
			Name of Person	
		Rose Legagneur Media Ll.	.c	
			Firm/Company	
		PO BOX 681683		
			Address	
		Orlando Florida 32868		•
		iamrosemichelle@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Rose Legagn	neur		407 403-9262	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
章 \$2 5.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rose Legagneur Media LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appears on on Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co Florida document number L14000182943	ompany were filed on 11/26/201	4 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The Media & Merchandising Firm LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
		SEC ALL	<u></u>
		5.50 定四	THE WAY
Enter new mailing address, if applicable:		<u> </u>	1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u></u>
		न्त्र न ्य	Z: :
		OR SA	<u>း</u> ∾
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ered office address on our ress here:	records, enter the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	
	City	Zip Code	-
New Designand Agent's Signature if the print Designand			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			🗖 Remove
			Change
			□ Remove
			Change
	·		Add
			□ Remove
			□ Change
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			Change

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	12/13/2014		
<u>ote:</u> Iftl	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 do the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 1	ents, this date will not b	e listed as t
record	Oth day after the record is filed		
The 90	Oth day after the record is filed.		
The 90 Ma	Oth day after the record is filed. $ \begin{array}{c} $		
The 90 Ma	Oth day after the record is filed. Iay 4 2016		
The 90	Oth day after the record is filed. Iay 4 Signature of a member or authorized representative of a member	,	
The 90 Ma	Oth day after the record is filed. Iay 4 Signature of a member or authorized representative of a member Rose Legagneur	,	
The 90 Ma	Oth day after the record is filed. Iay 4 Signature of a member or authorized representative of a member	,	ECRITAS
The 90 Ma	Oth day after the record is filed. Iay 4 Signature of a member or authorized representative of a member Rose Legagneur	,	AWN 9